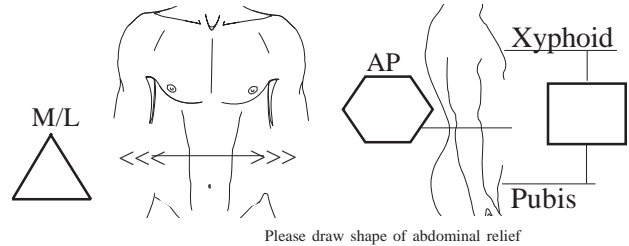


# BOSTON SCOLIOSIS MEASUREMENT FORM

Date: \_\_\_\_\_  
**Acct #:** \_\_\_\_\_ **Ship Via:** \_\_\_\_\_ **Requested Due Date:** \_\_\_\_\_  
**P.O. #:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Ship To:** \_\_\_\_\_  
 Address: \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## PATIENT INFORMATION

**Patient Name:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_  
 No Abdominal Compression  
 Does orthosis require abdominal relief?  Yes  No  
 Slight  Small  Medium  Large  X-Large



## BRACE INFORMATION

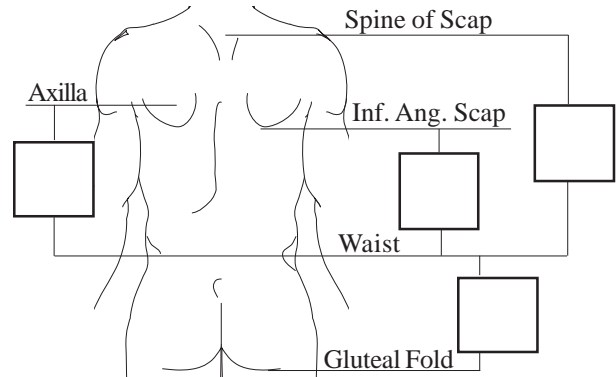
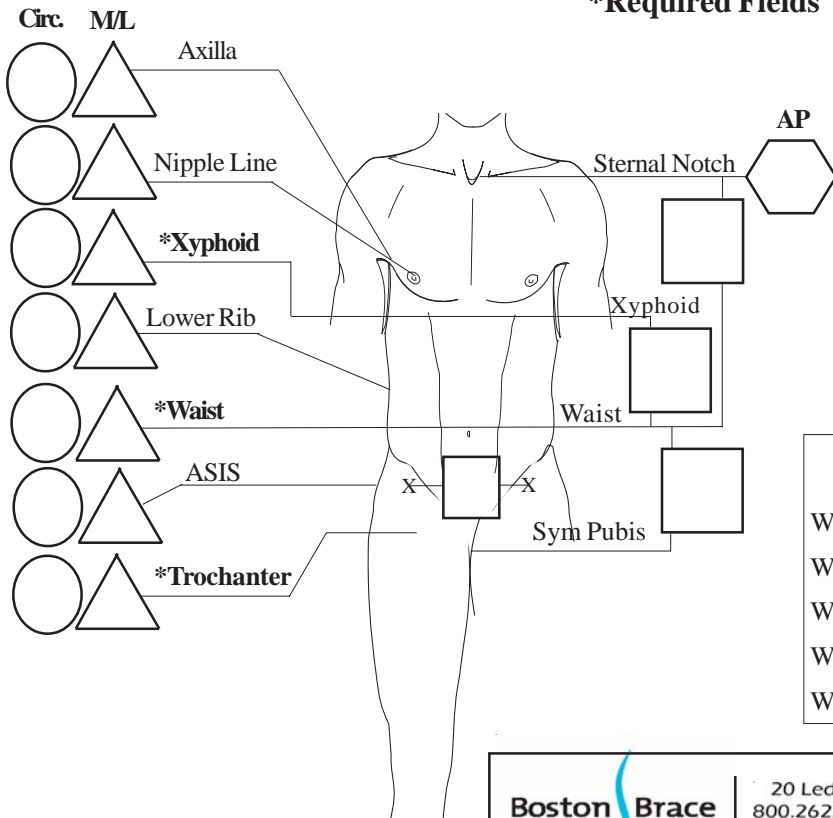
**Finished?**  Yes (**X-RAYS REQUIRED**)  No **Cast:**  Yes  No -  Make Symmetrical  As Is  
 **Standard** { Copoly-thickness by size } 3/16 liner, posterior opening  
**° of Lordosis:** \_\_\_\_\_ **Material:** \_\_\_\_\_ **Thickness:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Lining:**  Unlined  1/8"  3/16"  1/4"

## MILWAUKEE STRUCTURE

**Treating:** \_\_\_\_\_ **Neck:** \_\_\_\_\_ **Type of Kyphosis Pad:**  Floating  Static  
 ML \_\_\_\_\_ AP \_\_\_\_\_  
**Neck Ring Type:**  High profile  Low Profile  
 Waist to chin \_\_\_\_\_  
 Waist to top of shoulder \_\_\_\_\_  
 Waist to occipital \_\_\_\_\_

**Remarks:** \_\_\_\_\_

## \*Required Fields



## FINISHED MEASUREMENTS

**FINISH TO: LSO TLSO**

Waist to Pubis: \_\_\_\_\_ Waist to Xyphoid: \_\_\_\_\_  
 Waist to Axilla: \_\_\_\_\_ Waist to Sternal Notch: \_\_\_\_\_  
 Waist to Inf Angle: \_\_\_\_\_ Waist to Seat: \_\_\_\_\_  
 Waist to Mid Chest: \_\_\_\_\_ Waist to Mid Scap: \_\_\_\_\_  
 Waist to Spine of Scap: \_\_\_\_\_